MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
10563729	

Applicant(s) **Mou Chen**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		---	---		
2		1	---	---		
3		1	---	---		
4		1	---	---		
5			1			
6				1		
7				1		
8			1			
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Total Indep	1		2		0	
Total Depend	3		2		0	
Total Claims	4		4		0	

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	Indep	Depend	Indep	Depend	Indep	Depend
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